



## MESSAGE BUSINESS REGISTRATION APPLICATION

**Incomplete applications will not be reviewed.**

NEW REGISTRATION       RENEWAL or UPDATE

Massage Business Name: \_\_\_\_\_

Business Form (e.g. corporation, general partnership, limited liability company, etc.): \_\_\_\_\_

Business Address / City / State / Zip: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*STOP HERE\***

**CONTACT ENVIRONMENTAL HEALTH SERVICES AT (650) 372-6200 TO OBTAIN INFORMATION FOR THE SHERIFF'S DEPARTMENT**

Submit a valid / current driver's license or picture ID bearing a bona fide seal issued by a state, federal government agency or foreign government for each owner. Provide the following information for EACH OWNER (one application per owner) of this business including general / limited partners, 5% or greater ownership interest, etc.

Owner's Legal Name: \_\_\_\_\_ CAMTC Number: \_\_\_\_\_

Primary Business Number: \_\_\_\_\_ Residence Contact Number: \_\_\_\_\_

Residence Address / City / State / Zip: \_\_\_\_\_

Sheriff's Office Signature / Date: \_\_\_\_\_  Background Check  CAMTC Verified

All persons practicing massage therapy at this business must possess a current California Massage Therapy Council (CAMTC) certification pursuant to San Mateo County Ordinance (SMCO) Section 5.44.030 (a). **LIST ALL PRACTITIONERS AND THEIR CAMTC CERTIFICATION NUMBERS** below. Only list active employees.

Name:	CAMTC Number:	Expiration Date:	CAMTC Status (office use only)
1.			
2.			
3.			
4.			
5.			

I, (PRINT NAME) \_\_\_\_\_ have submitted true / correct information, and am responsible for the conduct of employees / contractors providing massage services in my business. Failure to comply with provisions of SMCO Chapter 5.44 and Chapter 5.64, may result in revocation of this County Registration Certificate.

**SUBMIT COPY OF CAMTC CERTIFICATE WITH PHOTO FOR EACH INDIVIDUAL**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Position: \_\_\_\_\_

**OFFICIAL USE ONLY**

Comments: \_\_\_\_\_

Inspector: \_\_\_\_\_ PR #: \_\_\_\_\_